

INTERFACILITY TRANSPORT TASK FORCE

April 10, 2001

Burbank Holiday Inn
Burbank, California

Attendees: Janette Wackerly, RN; Charles Rath, MD; Pam Griffith, RN; Ray Ramirez; Art Lathrop; Virginia Hastings; Dan Burch; Leonard Inch; Ryan Burgess, RN; Kathy Montoya; Mary Davis; Bob Eisenman, PhD; Don Stanley, RN; Soctt Wallace, RN; Dean Cathey; Bonnie Sinz, RN; Richard Watson; Maureen McNeil

Approval of Agenda

Action items: At the request of Bob Eisenman, time for discussion by Bob and Don on current IFT practice was added to the Agenda.

Approval of Minutes

Action items: Minutes were approved as written

Review of statute/regulations and other documents related to IFT

Action items: Packets were distributed with a collection of IFT related documents to be used as reference material. Members asked that a master index be developed. This will be provided at the next meeting.

IFT Issues Document Review and Approval

Action items: No corrections or additions received from membership. Document finalized.

EMS Systems Guidelines Review

Discussion: Richard Watson discussed the Authority's plans to revise the EMS Systems Guidelines. Appropriate committees and Vision Groups are being asked to review applicable sections of the Guidelines and provide the Authority with recommendations for revision. This is a long term project and recommendations are not expected for approximately one year.

Action items: As the Task Force completes its recommendations to the EMS Authority on IFT issues they will review the applicable sections of the EMS Guidelines and provide recommendations for revision.

Mission Statement Approval

Discussion: The draft Mission Statement was discussed at length with multiple revisions proposed.

Action items: The Mission Statement was finalized as attached.

Current IFT Practice

Discussion: Bob Eisenman, Chip Rath and Don Stanley provided information on current IFT practice within the Kaiser system.

- 6 million members; 27 hospitals w/contract with others for overflow and specialty services; 105 clinics
- 140,000 IFTs/year
 - ✗ For higher level of care (w/admission or for procedure such as cardiac catheterization)
 - ✗ Repatriation (transfer in or out)
 - ✗ For continued non-acute care

There was extensive discussion on the definition of IFT – should any transport that utilizes EMS personnel be considered an IFT because of the potential impact on the 9-1-1 system? If yes, does this include transports to home from an acute/sub-acute facility? The following chart shows where members have a difference of opinion on the definition of IFT:

Agree	Disagree
- Acute to acute facility	- Acute to home
- Acute to sub-acute facility	- Acute to non-licensed facility
^ SNF	
^ Rehabilitation facility	
^ Licensed medical facility	
^ Dialysis	
^ Clinic	

There is a need to:

- Define “facility”
- Identify the effect of IFTs on the EMS system (does it interfere with 9-1-1 system resources)
- Identify the capability of each resource
 - ✗ Location
 - ✗ Degree of emergency (timeliness of response)
 - ✗ Personnel (CCT vs. EMT-P vs. EMT-I)
- Narrow scope of IFT keeping in mind that this may affect funding
 - ✗ Term “emergency ambulance” may affect funding – need to check legal opinion
- Accommodate cross-county transports
- Destination guidelines (most accessible vs. most appropriate)
- Transfer guidelines for post stabilization repatriation
- Appropriate use of 1st responder (9-1-1 vs. urgent transport)
- Expanded scope of practice for IFT

There was discussion on the need for data to provide a picture of current IFT practice in California.

- LEMSA specific
- Need for sample data; statistical sampling – suggest AMR and Tuolumne (collects data on all transfers)
- No requirement for LEMSAs to collect non-ALS IFT data

Action items: Provide a report on the Statewide Data System project.

Goals and Objectives Review and/or Approval

Discussion: Each Goal and Objective was reviewed and revised as attached.

Action items: Members grouped the goals/objectives into three Ad Hoc Groups with some goals/objectives assigned to all groups.

Action Plan Development

Discussion: Members agreed that in order to address the goals and objectives and provide the EMS Authority with recommendations, Ad Hoc groups would need to be created to make the work more manageable.

Action items: Three Ad Hoc Groups were created and chairpersons were designated (attached). Goals and objectives were assigned to each group. At the end of the meeting, each group met with their members present to discuss an action plan. Additional members will be solicited from the Task Force membership utilizing the list serve.

Roundtable

Discussion: Roundtable time was used by the new Ad Hoc groups to discuss their action plan.

Next Meeting Date/Location

Discussion: With the creation of Ad Hoc Groups, the Task Force meetings will be less frequent. This will allow the Ad Hoc groups time to work on their goals and objectives.

Action items: The next meeting is scheduled for **July 31st in Oakland**. The Ad Hoc Groups will meet from 10-12 noon with the Task Force meeting from 12-3 p.m. Ad Hoc group meetings will be coordinated by each chairperson.